



AFTER-SCHOOL TAEKWONDO REGISTRATION FORM

Soaring Eagles Taekwondo Academy
1516 Solano Avenue
Vallejo, CA 94590
707.552.9710
www.soaringeaglestkd.com
soaringeaglestkd@sbcglobal.net

Parent/Guardian Name _____
Child (1) Name _____ M/F ___ DOB _____ Age _____
Child (2) Name _____ M/F ___ DOB _____ Age _____
Child (3) Name _____ M/F ___ DOB _____ Age _____
Child (4) Name _____ M/F ___ DOB _____ Age _____
Address _____
City/State/Zip _____
Phone (Home) _____ (Work/Business) _____
Cell Phone _____ Email _____
Job Title _____ Employer's Name _____
SSN _____ - _____ - _____ Driver's License # _____
Spouse Name (if Applicable) _____
Emergency Contact _____ Phone _____
Relationship to child _____
Name of Person's authorized to pick up student (must show ID if not parent/guardian):

Name of school student attends _____
How did you hear about us?

Medical History

Are child(ren) currently under medical treatment? Yes No If yes, who and what type:

Are child(ren) currently taking medicine? Yes No If yes, who and what type:

Are child(ren) recovering from any type of illness or injury? Yes No If yes, who and why type?:

Do any of them suffer from any of the following (write name of Child if multiple children):

_____ Heart Problems _____ Breathing Problems _____ None
_____ Blood Circulation _____ Head or Neck Pain _____ Back Pain
_____ Joint Injuries _____ Muscular Problems
_____ Feet or Hand Injuries _____ Blood Disease

Name of Doctor

Hospital

Insurance No.



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Phone: 707.552.9710

Website: www.soaringeaglestkd.com ♦ Email: soaringeaglestkd@sbcglobal.net

Master Wayne Jones, Owner/Chief Instructor

Adrienne Jones, Owner/Senior Instructor

AFTER-SCHOOL TAEKWONDO PROGRAM
LIABILITY WAIVER

I _____, do voluntarily agree to participate, or allow my minor child(ren), _____, to be picked up from school by Soaring Eagles' insured drivers during the hours of 1:00pm and 4:00pm, Monday through Friday. My child will be picked up when school is out and transported to Soaring Eagles Taekwondo Academy's After-School Taekwondo Program.

Assumption of Risk

I understand and agree that Soaring Eagles Taekwondo Academy or any of its agents will not be held liable for any injuries, damages, losses or other claims that may occur as a result of the After-School Taekwondo transportation service.

Signature
Parent/Guardian Signature

Date

FEES:

\$75	Registration Fee	
\$99/week	After-school Program tuition per week for one child	Parent initial x _____
\$188/week	After-School Program tuition per week for 2 children	Parent initial x _____

CREDIT CARD AUTHORIZATION

I hereby authorize Soaring Eagles Taekwondo Academy to charge my credit card in the amount of \$_____.

- Visa _____ Exp. Date _____
- MC _____ Exp. Date _____

Signature

Date

PAYMENT POLICIES

To reserve your place weekly, payment is due on the Friday proceeding the week of attendance. With a credit card guaranteed payment, you will have a grace day, until Monday. If there is no credit card on file, there is no grace day.

You will lose your place in the program if absent for 2 weeks without prior arrangements made at the office.

- 1st payment is due at registration. All succeeding payments are due the Friday before the week of service.
- (Int) _____ If payment is not made by Monday, **we cannot provide service until payment is made.**
- If arrangements have been made otherwise to allow late payment a \$15 late fee is applied for all payments made after Friday (even if your child’s start day that week is a day other than Monday).
- We do not accept checks, we apologize for any inconvenience.
- Parents may pay for more than one week at a time to accommodate their pay schedule. However, this does not change the policy of advance payment.

PICK-UP POLICIES

Pick up time for the After-School Taekwondo Program is 6:15pm with a grace period until 6:30pm.

There is a late pick-up fee for \$7.00 for every 15 minutes after the grace period. Please be prepared to pay upon pick-up. No exceptions! No excuses!

We try very hard to accommodate your needs, but we must have guidelines to make everything run smoothly at Soaring Eagles Taekwondo Academy. Please help us to better serve all of our children.

I, _____, understand that Soaring Eagles Taekwondo Academy is a Martial Arts school and not a daycare; in as such their stock-in-trade is not supervision and care. Their intent is to teach martial arts, physical, and philosophical character building skills. I understand that Soaring Eagles Taekwondo Academy is a Martial Arts school and a drop-in facility and that as such, my child(ren) is/are free to come and go and if my child(ren) are to stay at the facility, it is because of my direction and not the school’s.

Signature _____

ASSUMPTION OF RISK

(Int) _____ I understand that martial art is a contact art and there are inherent risks of injury. I further understand I have a voluntarily enrolled my child(ren) in martial art instruction and training, with knowledge of the inherent risk of injury (such as bruises, sprains, contusions, broken bones, torn ligaments, strains, concussion, and possible permanent injury or death), property damage, and other risk, and I assume any known and/or unknown risks.

I understand and agree that I nor any of my family, agents, or representatives, will hold Soaring Eagles Taekwondo Academy or any of its agents liable for any injuries, damages, losses or other claims that may occur as a result of participating in the After-School Program.

LOSS/DAMAGE/THEFT OF STUDENT’S PROPERTY

(Int) _____ The School does not assume any responsibility for the loss, damage, or theft of any property belonging to the Student and I, _____, agree that the School and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs in School’s facility or vehicles.

Signature _____ Date _____

INSTRUCTIONS FOR AFTER-SCHOOL TAEKWONDO PARENTS REGARDING ABSENCES

Attention parents:

If for any reason your child(ren) will be absent from school, please contact Ms. Akilah Jones at 707.208.8361 (cell), and notify her that your child(ren) does not have to be picked up from school. Ms. Akilah will notify Soaring Eagles Taekwondo Academy by noon each day of all called-in absences.

If your child(ren) has not arrived to our Taekwondo Academy from school and has not been identified as absent, we will call you immediately and let you know that your child(ren) missed the bus and no one called.

Please keep in mind that Soaring Eagles will be picking up multiple children, and waiting prolonged periods for children who are absent affects the entire program. Therefore, more than one failure to call in will result in,

- a) a fine of \$25 per occurrence _____
initial
- b) immediate termination of your participation in the transported after school martial arts program at Soaring Eagles Taekwondo. _____
initial

Your cooperation is greatly appreciated.

I understand that it is my responsibility to notify Ms. Akilah Jones immediately of all absences.

Parent Signature

Date